

D.I. # \_\_\_\_\_

**CIVIL ACTION**  
**NUMBER:** 07cv639 GMS

U.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT(S)

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature   <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Brian Handel</u> C. Date of Delivery <u>5/29/08</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">2008 MAY 29 CERK RISTRA CERTIFIED MAIL</p>	
<p>1. Article Addressed to:</p> <p>LOREN MEYERS  DEPUTY ATTORNEY GENERAL  DEPARTMENT OF JUSTICE  820 N. FRENCH STREET  WILMINGTON, DE 19801</p> <p><i>07-639 GMS</i></p>		<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Copy</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  <i>(Transfer from service label)</i></p> <p>7007 3020 0002 3321</p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540